# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Reyon Rutherfood # 180567

Regard Gallmen # 173648

Write the full name of each plaintiff.

No. 16 CV 10 Fole (LMS)
To be filled out by Clerk's Office)

COMPLAINT

(Prisoner)

Do you want a jury trial? Yes □ No

-against-

Scat. Sean Feyant DS001; 25.
Detective comito Antoninit DIII; 4
Robert G. Pufft 2151

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

#### NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

1.	LEGAL	BASIS	FOR	$\mathbf{CL}$	AIM
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State below the federal legal basis for y prisoners challenging the constitutional often brought under 42 U.S.C. § 1983 (a "Bivens" action (against federal defenda	lity of their conditions of co against state, county, or mu	onfinement; those claims are
Violation of my federal constitution	onal rights	
Other:		
II. PLAINTIFF INFORMATIO	)N	
Each plaintiff must provide the followin	g information. Attach addit	tional pages if necessary.
Payran T	Rutho	faril
First Name Middle Initial	Last Name	
State any other names (or different form you have used in previously filing a laws		ever used, including any name
180567		
Prisoner ID # (if you have previously bee and the ID number (such as your DIN or		
Westchester Comby Current Place of Detention	Jah	, , , , , , , , , , , , , , , , , , ,
P.O-BOX 10		·
Institutional Address		
yalhala	NewYark	W595
County, City	State	Zip Code
III. PRISONER STATUS		
Indicate below whether you are a prisor	ner or other confined perso	on:
🗹 Pretrial detainee	•	
☐ Civilly committed detainee		
☐ Immigration detainee		
Convicted and sentenced prisoner		
Other:		

State below the federal legal basis for your claim, if known. This form is designed primarily for

Continued:

### I. LEGAL BASIS FOR CLAIM

prisoners challenging t often brought under 4 "Bivens" action (agains	2 U.S.C. § 1983 (aga	inst state, county, or n			
Violation of my fe	deral constitutiona	l rights			
Other:					
II. PLAINTIFF	INFORMATION	_	•		
Each plaintiff must pro	vide the following in	nformation. Attach add	ditional pages if neces	sary.	
Reginald	3	Eall	nm		
First Name	Middle Initial	Last Name	•		
Prisoner ID # (if you had and the ID number (su	iously filing a lawsui ave previously been ach as your DIN or N	in another agency's cu	ustody, please specify		
2030x	10				
Institutional Address					
Wallas	S.	Shercod	1050	ည်	
County, City		State	Zip Code		
III. PRISONER	STATUS				
Indicate below whether	er you are a prisone	r or other confined pe	rson:		
Pretrial detainee					
☐ Civilly committed	l detainee				
☐ Immigration deta	inee				
☐ Convicted and set	ntenced prisoner				
Other:					

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	to viri	- Mt-Netran	
Deferrance 2.	First Name	Last Name	Shield #
	City 1	tall	
	Current Job Title (or ot	her identifying information)	
	1 Loosere	It squire	
	Current Work Address	, i	
	Merena	NY	10550
	County, City	State	Zip Code
Defendant 2:	Sec	Fear	7500
Defericant 2.	First Name	Last Name	Shield #
	Detective_	Sergeont.	
		ther identifying information)	
	2 Rasero	40	
	Current Work Address		
	Mt Netro	- KM m	10550
	County, City	State	Zip Code
Defendant 3:	- alimi)	Antonini	D111
B CICITATION -	First Name	Last Name	Shield#
	Detective	<u> </u>	
	Current Job Title (or o	ther identifying information)	e .
	2 Raserd	* Square	
	Current Work Address		
	Mr verson	1.01	<u>1a68a</u>
	County, City	State	Zip Code 💮 🌝
Defendant 4:	2 hot	The Y	3/2/
Defendant 4.	First Name	Last Name	Shield #
	20/2 x M	کوی `	
	Current Job Title (or o	other identifying information)	
	2 0 c C	3 sque	
	Current Work Addres	<del></del>	
		\$\$ \$1	eddo/
	<u> 外友、vsccov</u> County, City	State	Zip Code 🔌 (
	County, City	• • •	્રિક્ટ ન

V.	STATEMENT	OF	CLAIM
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Place(s) of occurrence: 15 South 15thre opt. 56 Mt. vernon, N. 10550

Date(s) of occurrence: 3/31/17, 4/a1/17

#### **FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Mr. Gallman and myself Sat there helplessly while
we were bester for about 5-10 minutes Eventually
everyone was taken to the thing room crea
so they could do their search of the apartment
Af that time agarment owner Michelle Company
and I made all officers aware that I
Thank the Kitherford was only visiting and
had na Knopledge as anything so do with any
Combral activity gainer an . Yet stoll I
INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
take Ashma aftery herdeches lyngs in heady
Schollen Face, bruised Fib cage, V.T.S.D. emotioned
distress. Vicintita Rutherford treated at My vernon
hapital. Mantiff fallmen was denied medical
treatment by Mt. vernon Police
VI. RELIEF
State briefly what money damages or other relief you want the court to order.
Wherefore Brist Henouds relief from defendants
for compensatory demuges in the amount to be
determined by a dary; Puntire demages in an
comment to be determined by a July ! costs,
interest, and legal Feet and such ather
and further relief as this court may dean
Just and Jeoper.

# Case 7:18-cv-10706-LMS Document 21 Filed 02/08/19 Page 7 of 14

brought to the both from where defendent Poff attempted to strip search me, when I refused to comply with the Seach Det. Antonin's was called into the bathroom and troth affrors together forced me to the floor and Earlibly striped my clothers off of me-1)et. Autorial for me in a summission book putting his knee on my neck very herity and tacking my own befored my back to the point I could not breath and to where I thought my am would break while this was gaine on Africa Post violently shock his Engels in to my feetin multiple times It are very fainful so I Kest morning and eich time P.O. Puff would do it over saying? at Sta moving you making it larger" When nothing was found both officers let me of and t

Case 7:18-cv-10706-LMS Document 21 Filed 02/08/19 Page 8 of 14

Facts: Page 2

Got dressal when I left gut the bathroom I complained about what had Jast happen to Det. SBA. Feger and his festince was it stop uning the called a carty search it's totally begat Furtherpose Merenon Folice have a history and Custom of doing illegal Strip and cavity searches That believe that nothing will heppen to them and that they'll get away with it. The City of Mt. vernon fails to train their officers Properly. (Head below are other cases of Theyol Strip services or miscondict by Mr. vernon Police: Flores V. Cityof Movemen Green V. City OF M, volum Scott A. Coff of My. valuer

> Forcestor City of Movemen Lang as Other of Movemen Forcestor

Facts : Rage 3

Moreover, agartment owned mitchelle comptent scorendered days to an affiret from aff her person and told them that she held sole Possession of what she gave them and that everyone else should be let ga. However Mt. venon Police 8th Consel me and others to the Three station where I Was staged strik seather again then charged with crimbal Rossession of a controlled substance The Hird degree, I was caraigned the Following day and remembed to the workdnesser Exper out burns besides sold of the Experience. rater than ultimosty charges were dismissed an 9/28/17, Since that incident I've been expendicing Post tramatic stress disorder and emphround distress.

I Reginald Gallman, my claim stems from The Mt. vernon Police describent using violent and excessive force against me while executing a such such to my hunts house about belliour inivated most post of Medernia willed into The exament and began to brotally best me with open and closed fists. In a very asitated State, There Indonini hit me with his gun 3 to 4 times stating! You think you froken strok, I'll got the lost lough you stad higger! African Antoninh was acting out of anger and retaliation Med at the fact I would not become a confidential reformable with a great or Jeanise him with Information about arine activity, Atta this we were brought into the living from then 3th sended in the betheam one by one myself and Others,

#### VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

proceed without prepaymen	t of fees, each pla	aintiff must also submi	it an IFP application.	
2/1/19		May	7	<u> </u>
Dated		Plaintiff's Sigr	nature	
Rayvon	1	Rither	ford	
First Name	Middle Initial	Last Name		
P.O. Box 10				
Prison Address				
Westchester valhall County, City		Newyork	10545	<del></del>
County, City		State /	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing:

2/5/19

#### VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

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Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

2/1/19		· <u>K</u> e	quall)	Galling)	
Dated		Plai	ntlff's Signatu	re	
<u>KeginalD</u>	Buist	Gal	Mman .		
First Name	Middle Initial	Last	: Name	-	
Westchester	county	_\J&i_	10 10	10595	
Prison Address	,	<b>3</b> ,		•	
Westchester		NV.		10595	
County, City		State		Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing:

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	
Ledian Kotherfold + 18021	5648 5F
(List the name(s) of the plaintiff(s)/petitioner(s).)	18 Civ. 10706 (KM) (LMS)
- against -	AFFIRMATION OF SERVICE
City of Mt. Venner, et	W,
(List the name(s) of the defendant(s)/respondent(s).)	
served a copy of the attached (list the names of the	he documents you served).
Comple'nt	To the second of
	ow you served the documents, for example, hand delivery,
following persons (list the names and addresses of	O Treet
	ocal, Suite 220 white
frams, who park too	05
on (date you served the document(s))	19
	Signature 200
	Address Address
DECEIVED	City, State
FFB 0 7 2019	Zip
U.S.D.C.	Telephone Number  E-Mail Address
2	



Cherk of Corr. Cor

C.E.S

Lefer Litration # 180567

20. Par 10

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